


Fill in this information to identify your case and this filing:

Debtor 1 ALPHA TAXI AND LIMO SERVICES, INC.  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois 

Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_

Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

\_\_\_\_\_

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_

Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

\_\_\_\_\_

☐ Check if this is community property (see instructions)

1.3. \_\_\_\_\_  
Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**  
 \_\_\_\_\_

☐ **Check if this is community property**  
(see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** \_\_\_\_\_ ➔

\$ \_\_\_\_\_

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No  
☐ Yes

3.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**      **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**      **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**      **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**      **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .....

\$ \_\_\_\_\_

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?Do not deduct secured claims  
or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☒ No☐ Yes. Describe.....

\$

## 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No☐ Yes. Describe.....

\$

## 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

## 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

## 10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

## 11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☒ No☐ Yes. Describe.....

\$

## 12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....

\$

## 13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

## 14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No☐ Yes. Give specific  
information. ....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached  
for Part 3. Write that number here

\$

## Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the  
portion you own?Do not deduct secured claims  
or exemptions.

## 16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes ..... Cash: ..... \$ .....

## 17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes ..... Institution name:

17.1. Checking account:	PNC BANK	\$ 0.00
17.2. Checking account:	TCF BANK	\$ 652.00
17.3. Savings account:		\$
17.4. Savings account:		\$
17.5. Certificates of deposit:		\$
17.6. Other financial account:		\$
17.7. Other financial account:		\$
17.8. Other financial account:		\$
17.9. Other financial account:		\$

## 18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes ..... Institution or issuer name:

	\$
	\$
	\$

## 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No☐ Yes. Give specific  
information about  
them.....

Name of entity:	% of ownership:	
	0% %	\$
	0% %	\$
	0% %	\$

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific  
 information about  
 them.....

Issuer name:

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each  
 account separately. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes ..... Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No

☐ Yes ..... Issuer name and description:

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_

Federal: \$ \_\_\_\_\_

State: \$ \_\_\_\_\_

Local: \$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

Support: \$ \_\_\_\_\_

Divorce settlement: \$ \_\_\_\_\_

Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No

☐ Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No

☐ Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**

\$ 652.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☒ No

☐ Yes. Describe.....

\_\_\_\_\_ \$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No

☒ Yes. Describe.....

COMPUTERS \$ 1,000.00

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No☐ Yes. Describe..... \$

## 41. Inventory

☒ No☐ Yes. Describe..... \$

## 42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe..... Name of entity: % of ownership: \$

## 43. Customer lists, mailing lists, or other compilations

☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe..... \$

## 44. Any business-related property you did not already list

☐ No☒ Yes. Give specific information ..... DESKS AND CHAIRS \$ 1,000.00

## 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 2,000.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.☐ Yes. Go to line 47.

## Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes..... \$

## 48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes .....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes .....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$ \_\_\_\_\_

## Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$ \_\_\_\_\_

## Part 8: List the Totals of Each Part of this Form

## 55. Part 1: Total real estate, line 2 .....



\$ 0.00

## 56. Part 2: Total vehicles, line 5

\$ 0.00

## 57. Part 3: Total personal and household items, line 15

\$ 0.00

## 58. Part 4: Total financial assets, line 36

\$ 652.00

## 59. Part 5: Total business-related property, line 45

\$ 2,000.00

## 60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

## 61. Part 7: Total other property not listed, line 54

+\$ 0.00

## 62. Total personal property. Add lines 56 through 61. ....

\$ 0.00

Copy personal property total →

+\$ 0.00

## 63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 2,652.00

B 6D (Official Form 6D) (12/07)

In re ALPHA TAXI AND LIMO SERVICE, INC.,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. NONE			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
Subtotal ► (Total of this page)							\$ 0.00	\$ 0.00
Total ► (Use only on last page)							\$ 0.00	\$ 0.00

continuation sheets  
attached

(Report also on Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

In re ALPHA TAXI AND LIMO SERVICE, INC.,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN , AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (s) ► (Total(s) of this page)	\$ 0.00
							Total(s) ► (Use only on last page)	\$ 0.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Fill in this information to identify your case:

Debtor 1 ALPHA TAXI & LIMO SERVICES, INC.  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS  
 Case number  
 (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.  
☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).  
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.  
☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.  
☐ **Married and your spouse is NOT filing with you. You and your spouse are:**  
☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.  
☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A  
Debtor 1  
Column B  
Debtor 2 or  
non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ 0.00 \$ \_\_\_\_\_

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0.00 \$ \_\_\_\_\_

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 0.00 \$ \_\_\_\_\_

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$12460 \$ \_\_\_\_\_

Ordinary and necessary operating expenses - \$15062 - \$ \_\_\_\_\_

Net monthly income from a business, profession, or farm \$2602 \$ \_\_\_\_\_

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\$ -2602 \$ \_\_\_\_\_

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$ 0 \$ \_\_\_\_\_

Ordinary and necessary operating expenses - \$ 0 - \$ \_\_\_\_\_

Net monthly income from rental or other real property \$ 0 \$ \_\_\_\_\_

Copy here →

\$ 0 \$ \_\_\_\_\_

\$ 0 \$ \_\_\_\_\_

7. Interest, dividends, and royalties

Fill in this information to identify your case:

Debtor 1 ALPHA TAXI AND LIMO SERVICES, INC  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois ☐

Case number  
 (If known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 ILLINOIS TOLLWAY  
 Priority Creditor's Name  
2700 OGDEN AVENUE  
 Number Street

Last 4 digits of account number 2 0 2 9 \$ 15,611.50 \$ 15,611.50 \$ \_\_\_\_\_

When was the debt incurred? 03/09/2015

DOWNERS GROVE IL 60515  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.2 \_\_\_\_\_  
 Priority Creditor's Name  
 Number Street

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

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First Name

Middle Name

Last Name

Case Number (if known)

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority  
amountNonpriority  
amount☐

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

ALPHA TAXI AND LIMO SERVICE

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First Name Middle Name Last Name

Case Number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

**ZORON KAMARIC**

Nonpriority Creditor's Name

**5 VILLA VERDE APT 212**

Number Street

**BUFFALO GROVE****IL**

City

State

ZIP Code

Last 4 digits of account number 0 1 0 1

Total claim

\$ 5,000.00When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CREDIT CARD REIMBURSEMENT**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

4.2

**OMER KHAN**

Nonpriority Creditor's Name

**1894 GREAT PLAINS WAY**

Number Street

**BOLINGBROOK****IL****60490**

City

State

ZIP Code

Last 4 digits of account number 0 0 0 1\$ 3,000.00When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CREDIT CARD REIMBURSEMENT**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

4.3

**ALEXANDER GAZIS**

Nonpriority Creditor's Name

**1314 E EVERGREEN DRIVE**

Number Street

**PALATINE****IL****60074**

City

State

ZIP Code

Last 4 digits of account number 0 0 0 3\$ 6,000.00When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CREDIT CARD REIMBURSEMENT**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Debtor 1

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First Name Middle Name Last Name

Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4**

**BINO HAINES**  
Nonpriority Creditor's Name

**4 VILLA VERDE APT 303**  
Number Street

**BUFFALO GROVE IL 60089**  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 2 3 \$ 2,000.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

**4.5**

**TANVEER IRSHAD**  
Nonpriority Creditor's Name

**1749 CANTERBURY LANE**  
Number Street

**PALATINE IL 60074**  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 1 6 \$ 1,000.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

**4.6**

**ABDUL WAHEED**  
Nonpriority Creditor's Name

**285 BIRCHWOOD LANE**  
Number Street

**BLOOMINGDALE IL 60108**  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 5 8 \$ 1,800.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

Debtor 1

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First Name Middle Name Last Name

Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.7** NASIR SHAIKH  
Nonpriority Creditor's Name  
700 W ALGONQUIN ROAD  
Number Street  
DES PLAINES IL 60016  
City State ZIP Code

Last 4 digits of account number 0 0 0 6 \$ 2,000.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.8** HERBERT FRANCIS  
Nonpriority Creditor's Name  
736 WEYMOUTH CIRCLE  
Number Street  
HANOVER PARK IL 60133  
City State ZIP Code

Last 4 digits of account number 0 0 0 6 \$ 1,800.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.9** ERIC MALL  
Nonpriority Creditor's Name  
1368 WHISPERING SPRING CIRCLE  
Number Street  
PALATINE IL 60074  
City State ZIP Code

Last 4 digits of account number 0 0 1 7 \$ 1,200.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD REIMBURSEMENT

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

Debtor 1

First Name Middle Name Last Name

Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0

SHANAZER NAZIR

Nonpriority Creditor's Name

1091 E RANDVILLE DRIVE THSE #1091

Number Street

PALATINE

IL

60074

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0 2 0 7

\$ 450.00

When was the debt incurred? 09/15/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CARD CREDIT REIMBURSEMENT

5.1

KYLE BOORE

Nonpriority Creditor's Name

C/O MDR LAW LLC 180 N LASALLE ST STE 3650

Number Street

CHICAGO

IL

60601

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 62,517.34

When was the debt incurred? 04/27/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify JUDGEMENT

Last 4 digits of account number \_\_\_\_\_

\$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Debtor 1

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First Name

Middle Name

Last Name

Case Number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

Debtor 1

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First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____
	6b. Taxes and certain other debts you owe the government	6b. \$ 15,611.50
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
	6e. Total. Add lines 6a through 6d.	6e. \$ 15,611.50

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 90,050.00
	6j. Total. Add lines 6f through 6i.	6j. \$ 90,050.00



Debtor 1

First Name Middle Name Last Name


Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 12,460.21	\$	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$	
5e. Insurance	5e. \$ 0.00	\$	
5f. Domestic support obligations	5f. \$ 0.00	\$	
5g. Union dues	5g. \$ 0.00	\$	
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0.00	+ \$	= \$
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
			11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 12,460.21 Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: DECREASE			

Fill in this information to identify your case:

Debtor 1 ALPHA TAXI AND LIMO SERVICES, INC  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois 

Case number  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?  
☐ No  
☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No  
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,000.00

If not included in line 4:

4a. Real estate taxes	4a. \$ 0.00
4b. Property, homeowner's, or renter's insurance	4b. \$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$ 0.00
4d. Homeowner's association or condominium dues	4d. \$ 0.00

Debtor 1

First Name Middle Name Last Name

Case number (if known)

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	\$ 0.00
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ 275.00
6b.	Water, sewer, garbage collection	\$ 75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 750.00
6d.	Other. Specify: _____	\$ _____
7.	<b>Food and housekeeping supplies</b>	\$ 0.00
8.	<b>Childcare and children's education costs</b>	\$ 0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ 0.00
10.	<b>Personal care products and services</b>	\$ 0.00
11.	<b>Medical and dental expenses</b>	\$ 0.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 0.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ 0.00
14.	<b>Charitable contributions and religious donations</b>	\$ 0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 0.00
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 0.00
15d.	Other insurance. Specify: _____	\$ 0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ 0.00
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ 0.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify: _____	\$ 0.00
17d.	Other. Specify: _____	\$ 0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).</b>	\$ 0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ _____
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.</b>	
20a.	Mortgages on other property	\$ 0.00
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: CREDIT CARD REIMBURSEMENT

21. **+\$** 13,962.98

22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses.

22. **\$** 15,062.98

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 12,460.21

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 15,062.98

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. **\$** -2,602.77

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 ALPHA TAXI & LIMO SERVICES, INC.  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS  
 Case number  
 (If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.  
☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).  
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.  
☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.  
☐ **Married and your spouse is NOT filing with you. You and your spouse are:**  
☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.  
☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A  
Debtor 1  
Column B  
Debtor 2 or  
non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ 0.00 \$

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0.00 \$

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 0.00 \$

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$12460 \$

Ordinary and necessary operating expenses -\$15062 - \$

Net monthly income from a business, profession, or farm \$2602 \$

Copy here →

\$ -2602 \$

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$ 0 \$

Ordinary and necessary operating expenses -\$ 0 - \$

Net monthly income from rental or other real property \$ 0 \$

Copy here →

\$ 0 \$

\$ 0 \$

7. Interest, dividends, and royalties

Debtor 1 ALPHA TAXI AND LIMO SERVICES INC.  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  $\downarrow$

For you ..... \$ 0  
 For your spouse..... \$ 0

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_

\_\_\_\_\_

Total amounts from separate pages, if any.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>0</u>	\$ _____
\$ <u>0</u>	\$ _____
\$ <u>0</u>	\$ _____
+	+
\$ <u>0</u>	\$ _____

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

<u>\$ -2602</u>	+	<u>\$ _____</u>	=	<u>\$ -2602</u>
<small>Total current monthly income</small>				

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. ..... Copy line 11 here  $\rightarrow$  \$ -2602  
 Multiply by 12 (the number of months in a year).  $\times 12$   
 12b. The result is your annual income for this part of the form. 12b. \$ -31,233

**13. Calculate the median family income that applies to you.** Follow these steps:

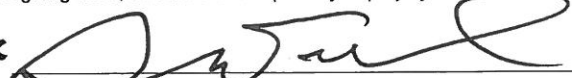
Fill in the state in which you live. IL  
 Fill in the number of people in your household. N/A  
 Fill in the median family income for your state and size of household. .... 13. \$ N/A  
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X   
 Signature of Debtor 1

X \_\_\_\_\_  
 Signature of Debtor 2

Date \_\_\_\_\_  
 MM / DD / YYYY

Date \_\_\_\_\_  
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.